

## U.S. Department of Education Budget Summary

\* 1. Program

EU-U.S. Program

\* 2. Select One: ☒ Lead (fiscal agent) ☐ Partner

\* 3. Name of the Institution/Organization:

Project Costs Requested from FIPSE:

Budget Categories:	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Total (e)
4. Personnel (salary & wages)	0.00	0.00	0.00	0.00	0.00
5. Fringe Benefits (employee benefits)	0.00	0.00	0.00	0.00	0.00
6. Travel	0.00	0.00	0.00	0.00	0.00
7. Equipment (purchase)	0.00	0.00	0.00	0.00	0.00
8. Supplies (and materials)	0.00	0.00	0.00	0.00	0.00
9. Contractual (enter partner totals here)	0.00	0.00	0.00	0.00	0.00
10. Other (equipment rental, printing, etc.)	0.00	0.00	0.00	0.00	0.00
11. Total Direct Costs (lines 4-10)	0.00	0.00	0.00	0.00	0.00
12. Indirect Costs* (8% of line 11)	0.00	0.00	0.00	0.00	0.00
13. Mobility Stipends	0.00	0.00	0.00	0.00	0.00
14. Language Stipends	0.00	0.00	0.00	0.00	0.00
15. Subtotal of Stipends (lines 13 + 14)	0.00	0.00	0.00	0.00	0.00
16. Total Requested from FIPSE (lines 11 + 12 + 15) (These figures should appear on the Title Form)	0.00	0.00	0.00	0.00	0.00

Project Costs Not Requested from FIPSE:

17. Lead Partner Non-Federal Funds	0.00	0.00	0.00	0.00	0.00
18. Subcontractor(s) Partner Non-Federal Funds	0.00	0.00	0.00	0.00	0.00

Funds Requested by Foreign Partners:

19a. Total Requested from Canada	0.00	0.00	0.00	0.00	0.00
19b. Total Requested from Mexico	0.00	0.00	0.00	0.00	0.00
19c. Total Requested from Brazil	0.00	0.00	0.00	0.00	0.00
19d. Total Requested from Europe	0.00	0.00	0.00	0.00	0.00

\* Indirect Cost Information (To be completed by Your Business Office):

If you are requesting reimbursement for indirect costs on line 12, please answer the following questions:

(1) Do you have an Indirect Cost Rate Agreement approved by the Federal Government? ☒ Yes ☐ No

(2) If Yes, please provide the following information:

\* Period covered by the Indirect Cost Rate Agreement: From: 08/13/1967 To: 08/13/1967

\* Approving Federal Agency: ☒ ED ☐ Other (please specify):

(3) For Restricted Rate Programs (select one) - - Are you using a restricted indirect cost rate that:

☒ Is included in your approved Indirect Cost Rate Agreement? Or, ☐ Complies with 34 CFR 76.564(c)(2)?